Case 20-17275 Doc 31 Filed 11/29/20 Entered 11/29/20 12:42:00 Desc Main Document Page 1 of 8

Fill in this information to identify your case:								
Debtor 1	Renee	A.	Donfris					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankr	uptcy Court for the:	N	orthern District of Illinois					
Case number	20-17275							
(if known)								

Check if this is an amended filing

Official Form 106C

Amended

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as	Exempt									
 Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. 										
Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own										
,	Copy the value from Schedule A/B	Check only one box for each exemption.								
Brief description: 10509 Oconnell Ave Mokena, IL 60448-1775 Line from Schedule A/B: 1.1	\$0.00	\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901							
Brief description: 2011 Toyota Camry Line from Schedule A/B: 3.1	\$0.00	\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)							
3. Are you claiming a homestead exemption of mor (Subject to adjustment on 4/01/22 and every 3 years 1 No 1 Yes. Did you acquire the property covered by the No 1 Yes	s after that for cases filed on	•								

Case 20-17275 Doc 31 Filed 11/29/20 Entered 11/29/20 12:42:00 Desc Main Document Page 2 of 8

Debior i	Reflee A.		Donins	Case number (if known)					
	First Name	Middle Name	Last Name						
Part 2: Add	ditional Page								
	ion of the property a that lists this proper		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption				
			Copy the value from Schedule A/B	Check only one box for each exemption.					
Brief description	on:			√ 1 \$4,000,00	705 00 5/40 4004/5)				
U.S Treasury			\$4,000.00	ψ 1,000.00	735 ILCS 5/12-1001(b)				
Line from Schedule A/B:	18			□ 100% of fair market value, up to any applicable statutory limit					

Case 20-17275 Doc 31 Filed 11/29/20 Entered 11/29/20 12:42:00 Desc Main Document Page 3 of 8

Fill in this information	n to identify your case:		
Debtor 1	Renee	A.	Donfris
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bank	ruptcy Court for the:	N	lorthern District of Illinois
Case number	20-17275		
(if known)	·		

Check if this is an amended filing

Official Form 106E/F

Amended

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured C	Claims			
 Do any creditors have priority unsecured claims against No. Go to Part 2. Yes. 	st you?			
identify what type of claim it is. If a claim has both priority a		iority and no	npriority amoun	its. As much as
		Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or person injury while you were intoxicated Other. Specify			

Case 20-17275 Doc 31 Filed 11/29/20 Entered 11/29/20 12:42:00 Desc Main Document Page 4 of 8

First Name Middle Name Last Name	Debtor 1	Renee	A.	Donfris	Case number (if known)
3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 1 Yes. 4 List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what typs of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. 1 Page, Edward 8. Lillian Nonpriority Creditor's Name 6969 L.5 Ln Number 1 State ZiP Code Who incurred the debt? Check one. 2 Debtor 1 and Debtor 2 only 1 Debtor 2 only 2 Debtor 1 and Debtor 2 only 3 Debtor 1 debtor 2 only 3 Sudent loans 2 Other. Specify Civil Sut: 19-2428-CH 2 Unliquidated Cincinnant, OH 45201-5229 City State ZiP Code Who incurred the debt? Check one. 3 State ZiP Code Who incurred the debt? Check one. 4 Unliquidated Cincinnant, OH 45201-5229 City State ZiP Code Who incurred the debt? Check one. 4 Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Deb		First Name	Middle Name	Last Name	
No. You have nothing to report in this part. Submit this form to the court with your other schedules. No. You have nothing to report in this part. Submit this form to the court with your other schedules. Ves.	Part 2: Lis	t All of Your NON	NPRIORITY Unsecu	red Claims	
A 1 Page, Edward & Lillian	No. Y✓ Yes.4. List all of unsecured than one of	ou have nothing to rep your nonpriority uns d claim, list the credito	port in this part. Submit this secured claims in the alper separately for each clair	s form to the court with your chabetical order of the credin. For each claim listed, ider	or who holds each claim. If a creditor has more than one nonpriority ify what type of claim it is. Do not list claims already included in Part 1. If more
Nonpriority Creditor's Name 8969 L.5 Ln Number Street Sesanaba, MI 49829 City State ZIP Code Who incurred the debt? Check one. J Debtor 1 and Debtor 2 only At least one of the debtors Name Attr.: Bankruptcy PO Box 5229 Number Street Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. J Debtor 1 only Debtor 2 only Men was the debt incurred? As of the date you file, the claim is: Check all that apply. J Contingent Unliquidated Disputed J Contingent Unliquidated Disputed J Contingent Unliquidated Disputed J Contingent Unliquidated Disputed J Colligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts J Cother. Specify Civil Suit: 19-24289-CH When was the debt incurred? 95/01/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Other. Specify 10 (2019) As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts J Other. Specify					Total claim
Nonpriority Creditor's Name Sees L.5 Lm Number Street Escanaba, MI 49829 City State ZIP Code Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 sank zero Cincinnati, OH 45201-5229 Debtor 1 only Debtor 2 only City State ZIP Code Cincinnati, OH 45201-5229 Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 community debt Disputed Debtor 2 only Debtor 3 community debt Debtor 4 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 only inclined by Inclined Debtor 2 only Debtor 5 only inclined Debtor 2 only Debtor 6 community debt Disputed Debtor 2 only Debtor 6 only Debtor 6 only Debtor 8 only inclined Debtor 9 only Debtor 9 only inclined Debtor 9 only inclined Debtor 9 only Debtor 9 only inclined Debtor 9 only Debtor 9 only inclined Policy inclined Policy inclined Policy inclined Policy inclined Policy inclined Policy in	4.1 Page.	Edward & Lillian		Loot 4 digito	\$35,700.00
As of the date you file, the claim is: Check all that apply. Number Street Escanaba, MI 49829 Contingent Unliquidated				•	
Escanaba, MI 49829 City State ZIP Code Who incurred the debt? Check one. J Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Monpriority Creditor's Name Attn: Bankruptcy PO Box 5229 Number Street Cincinnai, Do 45201-5229 City State ZIP Code Who incurred the debt? Check one. J Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 of the debtors and another Similar debts D isputed Type of NONPRIORITY unsecured claim: Student loans Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 9					
Unliquidated Unliquidated Disputed D					
Who incurred the debt? Check one. Disputed		aba, MI 49829	State ZIP Code	_	
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 tleast one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? In No State 2 US Bank/RMS CC Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5229 Number Street Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. In Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Coloringent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Type of NONPRIORITY unsecured claim: Student loans Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Ty	- 7	curred the deht? Ch		•	
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Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes Last 4 digits of account number 4507 Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5229 Number Street Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Men was the debt incurred? 05/01/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify				<u></u>	
At least one of the debtors and another Check if this claim is for a community debt Steel claim subject to offset? Similar debts Civil Suit: 19-24289-CH Similar debts Civil Suit: 19-2		,	nlv	=	
□ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes Ves			•		
Sthe claim subject to offset? Other. Specify Civil Suit: 19-24289-CH					
Attn: Bankruptcy PO Box 5229 Number Street Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Civil Suit: 19-24289-CH Strict: 19-2678 Strict:	Is the c	laim subject to offse	et?	-4	
Yes Last 4 digits of account number 4507 \$7,077.57 Nonpriority Creditor's Name When was the debt incurred? 05/01/2019 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. PO Box 5229 Contingent Unliquidated Cincinnati, OH 45201-5229 Disputed City State ZIP Code Who incurred the debt? Check one. Iype of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other. Specify	☑ No	•		O	
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Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5229 Number Street Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt When was the debt incurred? 05/01/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify	4.2 US Ba	nk/RMS CC		Last 4 digits	of account number 4507 \$7,077.57
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PO Box 5229 Number Street Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify	Attn: E	Bankruptcy			
Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify	PO Bo	x 5229			· · · · · · · · · · · · · · · · · · ·
Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify				•	
Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		nati, OH 45201-5229			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	•			Type of NON	PRIORITY unsecured claim:
 □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify 			neck one.	<u></u> '	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt				Obligation	ns arising out of a separation agreement or
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt		,	nly	divorce t	at you did not report as priority claims
☐ Check if this claim is for a community debt ☐ Other. Specify ☐ Other. Specify	_		,		
Other				•	
Is the claim subject to offset? CreditCard			•	CreditC	

✓ No ☐ Yes Case 20-17275 Doc 31 Filed 11/29/20 Entered 11/29/20 12:42:00 Desc Main Document Page 5 of 8

Debtor 1	Renee	Α. [Donfris	Case number (if known)					
	First Name	Middle Nar	ne	Last Name	<u> </u>					
Part 3: List	Others to Be No	tified About	a Debt Th	nat You Already Liste	ed					
agency is t if you have	rying to collect from	you for a debt y litor for any of t	ou owe to so he debts tha	omeone else, list the origi t you listed in Parts 1 or 2	ot that you already listed in Parts 1 or 2. For example, if a collection inal creditor in Parts 1 or 2, then list the collection agency here. Similarly, 2, list the additional creditors here. If you do not have additional persons					
Page, E	dward & Lillian			On which entry in Part	1 or Part 2 did you list the original creditor?					
Name 6969 L.5	Ln			Line4.1 of (Check of	one): Part 1: Creditors with Priority Unsecured Claims					
Number				Part 2: Creditors with Nonpriority Unsecured Claims						
	Escanaba, MI 49829		Last 4 digits of account number 9-CH							
City		State	ZIP Code	Last 4 digits of accoun	in number 5-CH					
				On which entry in Part	1 or Part 2 did you list the original creditor?					
Name				Line of (Check of	one): Part 1: Creditors with Priority Unsecured Claims					
Number	Street				☐ Part 2: Creditors with Nonpriority Unsecured Claims					
				Last 4 digits of accoun	nt number					
City		State	ZIP Code							

Case 20-17275 Doc 31 Filed 11/29/20 Entered 11/29/20 12:42:00 Desc Main Document Page 6 of 8

Debtor 1	Renee	A.	Donfris			Case number (if I	known)
	First Name	Middle Name	Last Name				
Part 4: Add t	the Amounts fo	r Each Type of Unse	ecured Claim				
6. Total the am	nounts of certain ty ecured claim.	pes of unsecured claim	s. This information i	s for s	tatist	ical reporting purposes only. 28 U.S.0	C. §159. Add the amounts for each
						Total claim	
Total claims	6a. Domestic su	pport obligations		6a.		\$0.00	
from Part 1	6b. Taxes and ce government	e the	6b.		\$0.00		
	6c. Claims for de were intoxica	nile you	6c.		\$0.00		
	6d. Other. Add all other priority unsecured clawrite that amount here.		claims.	6d.	+	\$0.00	1
	6e. Total. Add line	es 6a through 6d.		6e.		\$0.00	
						Total claim	
Total claims	6f. Student loans	5		6f.		\$0.00	
from Part 2		arising out of a separation r divorce that you did no s		6g.		\$0.00	
	6h. Debts to pen other similar	sion or profit-sharing pl debts	ans, and	6h.		\$0.00	
	6i. Other. Add all Write that amo	other nonpriority unsecur unt here.	ed claims.	6i.	+	\$42,777.57	1
	6j. Total. Add line	es 6f through 6i.		6j.		\$42,777.57	

Case 20-17275 Doc 31 Filed 11/29/20 Entered 11/29/20 12:42:00 Desc Main Document Page 7 of 8

Fill	in this information to	identify your case	:								
D	ebtor 1	Renee	A.	Donfris							
		First Name	Middle Name l	ast Name		_					
	ebtor 2 Spouse, if filing)	First Name	Middle Name I	ast Name				(Check if this is:		
•	nited States Bankrup			ern District of Illi	nois				Man amended fili	na	
	•	•	North	em District of fill	11015			_	A supplement s		stpetition
_	ase number known)	20-17275							chapter 13 inco	me as of th	e following date
							_		MM / DD / YYY	Υ	
Of	ficial Form	<u> 1061</u>	<u>Amended</u>								
So	chedule I:	Your Ind	come								12/15
Pa	rt 1: Describe E	Employment	se number (if known). Ån:	swer every questi					Debtor 2 or non	-filing eno	uisa.
	information.			Deptor					Debior 2 or non	-niing spo	use
	If you have more tha attach a separate pa	•	Employment status	M Employed	□No	t Employed		$\mathbf{\Delta}$	Employed 🗖 Not E	Employed	
	information about ac employers.	•	Occupation	Inside Sales	Inside Sales				Carpenter		
	Include part time, se	assonal or	Employer's name	Barrel Acces	sories a	& Supply Com	pany	Sea	arch Results Web	results Hai	nd Brothers
	self-employed work.	asorial, or	Employer's address	OFOE Dalmar	۸۰۰۰			Construction, LLC 13517 W Choctaw Trail			
Occupation may include student or homemaker, if it applies.			poyer o dada occ	2595 Palmer Number Stre					Imber Street	all	
				University Pk	, IL 604		Zip Code	Hor	mer Glen, IL 60491	State	Zip Code
			How long employed then	e? 25 years		_		<u>12</u>	years	_	
Pa	art 2: Give Deta	ils About Mon	thly Income								
	Estimate monthly i are separated.	ncome as of the	date you file this form. If y	ou have nothing to	o repor	t for any line, v	vrite \$0 in th	e space.	Include your non-f	iling spous	e unless you
	If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.										
						For D	ebtor 1		ebtor 2 or iling spouse		
2.			d commissions (before all ate what the monthly wage		2.	\$6	5 <u>,194.45</u>		\$4,043.00		
3.	Estimate and list m	onthly overtime	рау.		3.	+	\$0.00	+	\$0.00		

4. Calculate gross income. Add line 2 + line 3.

\$6,194.45

\$4,043.00

Case 20-17275 Doc 31 Filed 11/29/20 Entered 11/29/20 12:42:00 Desc Main Document Page 8 of 8

Debtor 1 Renee **Donfris** Case number (if known) _ First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here.....→ \$6,194.45 \$4,043.00 4. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$1,294.42 \$1,560.00 5b. Mandatory contributions for retirement plans 5b. \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$667.10 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e. Insurance 5e. \$772.93 \$0.00 5f. Domestic support obligations 5f. \$0.00 \$0.00 5q. Union dues 5g. \$0.00 \$0.00 \$0.00 \$0.00 5h. 5h. Other deductions. Specify: _ \$2,734.45 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$1,560.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$3,460.00 \$2,483.00 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts. ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 \$0.00 \$0.00 \$0.00 8b. Interest and dividends 8h. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$0.00 \$0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation 8d. \$0.00 \$0.00 \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. \$0.00 \$0.00 Specify: _ 8g. Pension or retirement income 8g. \$0.00 \$0.00 \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00 9. **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9. \$3,460.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse \$2,483.00 \$5,943.00 10. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that 12. \$5,919.00 amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies Combined monthly income

Do you expect an increase or decrease within the year after you file this form?

✓No.

Yes. Explain: